

Assigned DOGM File No.: S/023/0086

DOGM Lead: Wayne

Permit Fee \$ _____ Ck# _____

TASK ID# 7050
cc: Wayne
RECEIVED

JUN 16 2015

DIV. OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING
1594 West North Temple Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291 Fax: (801) 359-3940

NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

The information requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program (R647). The rules and Act are available online at <http://www.rules.utah.gov/publicat/code/r647/r647.htm> and http://le.utah.gov/~code/TITLE40/40_08.htm.

Cultural Resources Survey: To fulfill its obligations under Utah Code Annotated 9-8-404, the Division needs cultural resource (archaeology) information. The amount and type of information required will depend on the mine location, the history of previous disturbance, and other factors. Please contact the Division for further information.

A permit fee of \$150 or \$500 must accompany this application (Utah Code Ann. §40-8-7(1)(i)) and is due annually. The fee is \$150 for a mine with a disturbed area of five acres or less, and the fee is \$500 if the disturbed area is between five and ten acres.

"Small Mining Operations" are operations which have a disturbed area of ten or fewer surface acres at any time in unincorporated areas, or five acres or fewer in incorporated areas.

I. GENERAL INFORMATION (Rule R647-3-104)

1. Name of Mine: Coyote Mine
2. Operator Name: DUTCH PEAK RESOURCES LLC

Mailing Address: PO BOX 1362
City, State, Zip: DRAPER, UT 84020
Phone: 801-501-0531 Fax: _____
E-mail Address: GREGK@KOFFORDBOOKS.COM

Type of Business: Corporation (___), LLC (☒) , Sole Proprietorship (dba) (___)
General Partnership (___), Limited Partnership (___), Individual (___).

Business Entity (not individuals) must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) If not currently registered, contact www.commerce.utah.gov to renew or apply. Business Entity #: 9134776-0160

Local Business License #: _____ (if required)
Issued by: County: _____ or City: _____

3. Contact Person(s):

Registered Utah Agent (as identified with the Utah DOC) (if individual leave blank):

Name: GREG KOFFORD Title: MANAGER
Address: 11420 IDLEY AVE SW CIR
City, State, Zip: SANDY UT 84092
Phone: 801-501-0531 Fax: _____
E-mail Address: GREGK@KOFFORDBOOKS.COM

I.3. Contact Person(s) (continued):

This person to be notified for: permitting (☒) surety (☒) (check all that apply)

Name: GREG KOFFORD Title: MANAGER

Address: 11420 JOLLEY ACRES CIR

City, State, Zip: SANDY, UT 84092

Phone: 801-501-0531 Fax: _____

Emergency, Weekend, or Holiday Phone: 801-501-0531

E-mail Address: GREGK@KOFFORDBOOKS.COM

This person to be notified for: permitting (☐) surety (☐) (check all that apply)

Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Emergency, Weekend, or Holiday Phone: _____

E-mail Address: _____

4. If Business is a Sole Proprietor (dba) or Individual:

Name of Owner: _____ Title: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

If Business is a Corporation:

Name of Officers: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Headquarters Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

If Business is a Limited Liability Company: Member Managed (☒) Manager Managed (☐)

Name of 1st Member/Manager: GREG KOFFORD Title: MANAGER

Business Address: 11420 JOLLEY ACRES CIR

City, State, Zip: SANDY, UT 84092

Phone: 801-501-0531 Fax: _____

E-mail Address: GREGK@KOFFORD

Name of 2nd Member/Manager: _____ Title: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

If Business is a Partnership:

Names of Partners: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____


E-mail Address: _____

VII. SIGNATURE REQUIREMENT

CERTIFICATION

I state under penalty of perjury under the laws of the state of Utah and the United States of America that:

- a. I have read this form and declare the information, statements and/or documentation are true, correct and complete to the best of my knowledge and belief; AND
- b. I commit to the reclamation of the aforementioned small mining project as required by the Utah Mined Land Reclamation Act (40-8) and the rules as specified by the Board of Oil, Gas and Mining.
- c. **This certification must be signed by:** (1.) an executive officer if the applicant is a corporation; (2.) a partner if applicant is a partnership (general or limited); (3.) the owner if applicant is a sole proprietorship; or (4.) the member or manager if applicant is a limited liability company.

Signature:  Date: 11 Dec 2015
Name (typed or printed): GREG KOFFORD
Title/Position (if applicable): MANAGER